



6th Meath (Ashbourne) Scout Group Scouting Ireland

REGISTRATION FORM 2016/17

Please complete using BLOCK CAPITALS



General Consent ***Required**

I/We the parent(s)/guardian(s) of

_____ who was born on ____/____/____

hereby register my/our child as a member of Scouting Ireland and give permission for him/her to participate in all meetings and activities organised and run by Scouting Ireland 6th Meath from September 2016 to August 2017.

I/We authorise, confirm and agree that the Scouters specified in the schedule hereto or their nominees shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves would be able to do so.

I/We confirm and agree that our child shall be bound by the Scouting Ireland 6th Meath Code of Conduct, a copy of which has been provided to me/us.

I/We understand that our child's membership is contingent upon payment of fees due (€160 for 2016/17), and on active participation in scheduled meetings and organised activities.

Other Consents/Details ***Required**

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you give permission and consent that your child may appear in photographs taken for promotional and record purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you give permission for your child to take part in water activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child able to swim? | <input type="checkbox"/> | <input type="checkbox"/> |

Medical Consent ***Required**

I/We understand that in the event of my/our child requiring medical attention all reasonable efforts will be made to contact me/us (or the Alternative Emergency Contact if I/we are uncontactable) at the contact numbers provided on this form.

In the event of my/our child being taken ill or injured during the period of this consent, I/we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I/we cannot be contacted for the purposes of giving consent at the time of treatment. I/We hereby authorise the Scouters specified to communicate our consent to any treating medical/dental practitioner.

I/We confirm that the medical details in relation to my/our child are correct.

Medical Details ***Required**

These are the medical details of my/our child.

If you answer YES to any question, please provide details in the space provided below.

- | | Yes | No |
|---|--------------------------|--------------------------|
| Has your child any serious illnesses or other medical conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child take any regular medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any medications that your child is allergic to and/or must not be prescribed/given? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child any special dietary requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been fully vaccinated? If not, please state which vaccinations have been received, if any. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child any medical history of which we should be aware? | <input type="checkbox"/> | <input type="checkbox"/> |

Family GP Details ***Required**

Family GP: _____

Address: _____

Telephone: _____

Date of last
checkup: _____ / _____ / _____



REGISTRATION FORM (continued)



The information gathered on this form is necessary for the following purposes:

- To register your child's details with Scouting Ireland for membership and insurance purposes, and to ensure that such details are accurate and up to date
- To allow us, and Scouting Ireland, to communicate with you concerning scouting activities which your child may be engaged in, and other Scouting-related matters
- To allow us to provide medical details to medical professionals, should the need arise

Parent(s)/Guardian(s) Contact Details *Required

Names*: _____

Phone (Home)*: _____

Phone (Mobile)*: _____

Postal Address*: _____

Email*: _____

Alternative Emergency Contact *Required

Name*: _____ Phone*: _____

Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness, sleep-walking, etc.)

Schedule of Scouters authorised as above

Scouts	Cubs	Beavers	Ventures
Declan Brady	Stephen O'Keefe	Ian Davy	Suzie Rafter
Paul Fanning	Robert O'Connor	Fiona Carragher	Damian McGrath
Damian McGrath	Grainne Docherty	Glenn White	
Jennifer McGrath	Andrew Mahon	Jemma Guiney	
Maria Brady	Alan Power	Sarah Brady	
	Deirdre Murray	Mary-Liz McGrath	
	Noelle O Connor		
	Joseph O'Neill		
	Ethna Felten		
		... and as may be appointed from time to time by the Group Leader.	

Signature of Parent(s)/Guardian(s) *Required

Signature(s): _____

Date: _____ / _____ / _____

The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except adult members of Scouting Ireland or medical personnel, and only when necessary, without prior permission, or unless required by law.